| AMEN  | NDMENT T   | FRANSMI  | TTAL LE                           | TTER                         |                       |              | ocket No.<br>-1266PUS1 |
|---|--|--|-----------------------------------|------------------------------|-----------------------|--------------|------------------------|
| Application No.<br>10/586,536 - Conf. #1635   |  | Filing<br>July 30.   |                                   |                              | Examiner<br>.W. RIDER | ,            | Art Unit<br>1618       |
| Applicant(s): Tos   |  |  | 2000                              |                              |                       |              | 1010                   |
|   | METHOD TO  |  | NSITIVITY C                       | F CANC                       | ER CELL T             | O ANTIC      | ANCER                  |
| Commissioner for<br>P.O. Box 1450<br>Alexandria, VA 223<br>Transmitted here<br>The fee has beer                         | 313-145<br>with is an ame  |  |                                   |                              | cation.               |              |                        |
|   |  | CLAIM  | S AS AMEN                         | DED                          |                       |              |                        |
|   | Claims<br>Remaining<br>After<br>Amendment  | Highest<br>Number<br>Previously<br>Paid                        | Number<br>Extra Claims<br>Present | F                            | tate                  |              |                        |
| Total Claims  | 21   | - 20 =   | 1                                 | х                            | 52.00                 |              | 52.00                  |
| Independent<br>Claims   | 1  | - 3 =  | 0                                 | х                            | 220.00                |              | 0.00                   |
| Multiple Depend   | lent Claims (ch  | eck if applicabl   | le)                               |                              |                       |              |                        |
| Other fee (pleas  |  |  | 0.00                              |                              |                       |              |                        |
| TOTAL ADDIT   | ONAL FEE FO  | OR THIS AME  | NDMENT:                           |                              |                       |              | 52.00                  |
| Please charg A duplicate of A check in th Payment by X The Director as described  | of the is require ge Deposit Accopy of this she are amount of \$ credit card. For is hereby auth I below.  In y overpaymer any additional fill | ount No(<br>eet is enclosed<br>orm PTO-2038<br>orized to char- | in processing to                  | n the ame<br>sed.<br>Deposit | ired under 3          | o. <u>02</u> |                        |
| Attorney Reg. N<br>BIRCH, STEWAI<br>8110 Gatehouse<br>P.O. Box 747<br>Falls Church, VA<br>United States<br>703-205-8000 | Io.: 32181<br>RT, KOLASCH &<br>Road, Suite 100   | BIRCH, LLP   | -                                 |                              |                       |              |                        |

PTO/SB/17 (10-08)

Approved for use through 05/03/02/10. U.S. Patent and Thomsers Office, 15 G. SEPARTING 10. 00 (05) 40/02
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|   | ctive on 12/08/                 |                            |           |                          | Comple            | te if Know            | n                       |  |
|---|---------------------------------|----------------------------|-----------|--------------------------|-------------------|-----------------------|-------------------------|--|
| Fees pursuant to the Conso  |                                 |                            | - 1       | Application Nun          | nber 10/586,      | 536                   | Conf. No.: 1635         |  |
|   | KAN                             | SMITTA                     | L         | Filing Date              | July 30,          | 2008                  |                         |  |
| Fo  | or FY 2                         | 009                        | Г         | First Named Inv          | entor Toshimi     | tsu UENAKA            |                         |  |
|   |                                 |                            |           | Examiner Name L.W        |                   | V. RIDER              |                         |  |
| Applicant claims small entity status. See 37 CFR 1.27               |                                 |                            |           | Art Unit 1618            |                   |                       |                         |  |
| TOTAL AMOUNT OF PAYMENT (\$) 52.00                                  |                                 |                            |           | Attomey Dockel           | No. 0425-12       | :66PUS1               |                         |  |
| METHOD OF PAYME   | NT (check a                     | II that apply)             |           |                          |                   |                       |                         |  |
| Check Credi   | t Card                          | Money Order                | None      | Other (r                 | lease identify):  |                       |                         |  |
| Deposit Account   | Deposit Accou                   | nt Number: 02-2448         |           | Deposit Ac               | count Name: Bird  | h, Stewart, K         | olasch & Birch, LLP     |  |
|   |                                 | account, the Directo       | r is here |                          |                   |                       |                         |  |
| ✓ Charge fee  | s) indicated b                  | elow                       |           | Charg                    | e fee(s) indicate | d below. exc          | ept for the filling fee |  |
| Charge any  | additional fe                   | e(s) or underpaymen        | ts of fee | =                        | any overpayme     |                       |                         |  |
| under 37 Cl   | FR 1.16 and 1                   | .17                        |           |                          |                   |                       |                         |  |
| WARNING: Information on ti<br>Information and authorization         | nis form may t<br>on on PTO-203 | ecome public. Credit<br>8. | card into | rmation should he        | ot be included on | this form. Pro        | vide credit card        |  |
| FEE CALCULATION   |                                 |                            |           |                          |                   |                       |                         |  |
| I. BASIC FILING, SEA  | RCH, AND                        | EXAMINATION F              | EES       |                          |                   |                       |                         |  |
| FILING FEES SEAR  |                                 |                            |           | CH FEES                  | EXAMINATION       |                       |                         |  |
| Application Type  | Fee (\$)                        | Small Entity<br>Fee (\$)   | Fee (\$)  | Small Entity<br>Fee (\$) |                   | all Entity<br>ee (\$) | Fees Paid (\$)          |  |
| Utility   | 330                             | 165                        | 540       | 270                      |                   | 110                   | 0.00                    |  |
| Design  | 220                             | 110                        | 100       | 50                       | 140               | 70                    | 0.00                    |  |
| Plant   | 220                             | 110                        | 330       | 165                      | 170               | 85                    | 0.00                    |  |
| Reissue   | 330                             | 165                        | 540       | 270                      |                   | 325                   | 0.00                    |  |
| Provisional   | 220                             | 110                        | 0         | 0                        | 0.00 .            | 0                     | 0.00                    |  |
| 2. EXCESS CLAIM FE  |                                 | 110                        | U         | U                        | U                 |                       | Small Entity            |  |
| Fee Description   | EEO                             |                            |           |                          |                   | Fee (\$)              | Fee (\$)                |  |
| Each claim over 20  |                                 |                            |           | 52                       | 26                |                       |                         |  |
| Each independent c  |                                 | (including Reissu          | es)       |                          |                   | 220                   | 110                     |  |
| Multiple dependent  |                                 |                            |           | 390                      | 195               |                       |                         |  |
| Total Claims  |                                 |                            |           |                          | Dependent Claims  |                       |                         |  |
| HP = highest number of to   |                                 | x52.00                     | =         | 2.00                     |                   | Fee (\$)              | Fee Paid (\$)           |  |
| Indep. Claims   | Extra Clai                      |                            | Fee F     | Paid (\$)                | -                 | 0.00                  | 0.00                    |  |
| 1 -3 or HP =  | 0                               | x 220.00                   |           | .00                      |                   |                       |                         |  |
| HP = highest number of ind  |                                 | s paid for, if greater tha | n 3.      |                          |                   |                       |                         |  |
| . APPLICATION SIZE<br>If the specification an                       | FEE                             | avonad 100 chapta          | ofnone    | er (ovoluding o          | lactronically f   | iled comon            | ne or computer          |  |
| listings under 37 (   |                                 |                            |           |                          |                   |                       |                         |  |
| sheets or fraction  |                                 |                            |           |                          |                   | omity) for c          | den additional 50       |  |
| Total Sheets  | Extra She                       | <u>ets Numbér</u>          | of each   | additional 50 o          | r fraction there  | of Fee (              |                         |  |
| 100 =   | 0                               | /50 =                      | 0         | (round up to a v         | rhole number)     | х                     | = 0.00                  |  |
| <ul> <li>OTHER FEE(S)</li> <li>Non-English Specification</li> </ul> | fication \$                     | 130 fee (no emal)          | entity di | iscount)                 |                   |                       | Fees Paid (\$)          |  |
| Other (e.g., late fili  |                                 | ,                          | carry u   | iscount)                 |                   |                       | 0.00                    |  |
|   | ng our charge                   | ··                         |           |                          |                   |                       |                         |  |
| IBMITTED BY   | ~ 0                             | $\gamma$                   | 1.0       | !-tt' NI-                |                   |                       |                         |  |
| nature  | Here                            | GARTH M. D.                | AHI EA    | egistration No. 3        | 2181              | Telephone             | 703-205-8000            |  |
| me (Print/Type) Marc S.   | Weiner                          | USPTO #43                  |           |                          |                   | Date Jan              | uary 6, 2011            |  |
|   |                                 |                            |           |                          |                   |                       |                         |  |

USPTO #43,575 This collection of information is required by 37 CFR 1.136. The information is required to obtain or retain a benefit by the public which is to file (and by the This collection of information is required by 3T CPR 1, 13m. The information is required to obtain or relam a beneality by the public which is to this (and by the USPTO to process) an application, Confidentially is governed-intelligity as given to \$3.00.00 t